



Irish Blood  
Transfusion Service

Seirbhís Fuilaeistriúcháin na hÉireann

The IBTS vision is of a blood transfusion service that delivers excellent transfusion healthcare to the people of Ireland.

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**Strategic Plan**  
2017–2020



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# Foreword



It is a privilege and a real pleasure to introduce our new strategy for the 2017 to 2020. Our purpose remains the same, to meet the transfusion needs of Irish people, and the Irish health services, but the world we work in has changed immeasurably since our early days. The needs and requirements of the Irish health services have changed too, and change will be a constant feature of our work over the next few years.

At our core lie our values, – Excellence in Service, Honesty, Respect, Learning, Accountability and Teamwork All our work is based on the ground they provide. Our vision is to build excellent safe and secure blood and human tissue services, for the Irish people; our mission is to meet the needs of patients, through the professionalism of our staff, and the generosity of our donors. All of this we will sustain, grow, and develop.

One of the more humbling parts of my own work in the IBTS, is meeting our staff, our donors, our voluntary organisers, and particularly our recipients, some of whom share their personal stories at each of our award ceremonies. This brings our work to life, and we can see the extra-ordinary impact of our day-to-day business on the lives of others. This is what drives our staff, and our Board, day-in and day out.

Strategies too often serve as decorations for shelves. This one will not be gathering dust. Over the next few years, the IBTS will hold fast to its core values, while embracing change, to deliver the best service we can for our health service, and for Irish people, both our amazingly generous donors, and our diverse patients, of every age, from those not yet born, to old age, in every corner of the country.

Anthony Staines







**“The IBTS is a national organisation responsible for collecting, processing, testing and distributing blood and blood products in Ireland. It relies completely on the generosity of voluntary non-remunerated donors to provide sufficient donations.”**

# Introduction

The IBTS is a national organisation responsible for collecting, processing, testing and distributing blood and blood products in Ireland. It relies completely on the generosity of voluntary non-remunerated donors to provide sufficient donations to ensure a consistent supply of blood and blood components to patients. It is a critical part of modern health care and provides blood, blood components and blood products for patients. It is funded through the charging of hospitals for its products and services at a price agreed with the Department of Health.

As a Non-Commercial State Agency its governance arrangements are set out in the revised Code of Practice for the Governance of State Agencies. The responsibility for governance of the IBTS falls on the Board which is appointed by the Minister for Health and comprises twelve members. To assist the Board in carrying out its functions there are a number of Sub-Committees which deal with specific aspects of the business of the organisation, namely, Medical Advisory Committee, Finance Committee, Audit, Risk and Compliance Committee and Performance and Development Committee. There is a clear delineation of roles and responsibilities between the Board and the Executive.

Statutory Instrument 78 of 1965 sets out the functions of the IBTS as follows:

- a. to take over the property (including choses-in-action), assets, rights and liabilities of the Company;
- b. (b) to organise and administer a blood transfusion service (hereinafter referred to as “the Service”) including the processing or supply of blood derivatives or other blood products and also including blood group and other tests in relation to specimens of blood received by the Board;
- c. to make available, blood and blood products;
- d. to make available equipment or re-agents suitable for use in relation to the service;
- e. to make such charges (if any) as the Board thinks fit, for the services referred to at (b), (c) and (d) above and, where the Minister gives any direction in relation to such charges, to comply with such direction;
- f. to furnish advice, information and assistance in relation to any aspect of the service to the Minister, any health authority or any hospital authority;
- g. to make any necessary provision for publicity in relation to the service;




- h. to organise, provide, assist or encourage research and the training and teaching of persons in matters relating to blood transfusion and the preparation of blood products and
- i. to cooperate with other bodies with analogous scientific functions.

These functions were amended in 1988, 2000 and 2003, with the addition of functions as follows:

To organise and administer an eye banking service.

To organise and administer a service for obtaining and assessing reports of unexpected or undesirable effects of transfusion of blood or blood components made available by the Board including the furnishing to the Health Products Regulatory Authority of reports of any unexpected or undesirable effects of any transfusion of such blood or blood components.

The Statutory Instrument was amended in 2012 to transfer the responsibility for the provision of clotting factor concentrates which do not contain blood or blood products, and other biological medicinal agents including recombinant protein preparations, used for the treatment of coagulation disorders and other congenital or acquired disorders that are characterised by diminished levels of, or dysfunctional forms of, plasma proteins to St James's Hospital.



“We must build on the progress made from the implementation of the Strategic Plan 2013 – 2016 and respond to the changing demands of hospitals, regulators, donors and members of the public who expect the highest standard of products and service delivery.”





# Governance Structure



## Operational Management

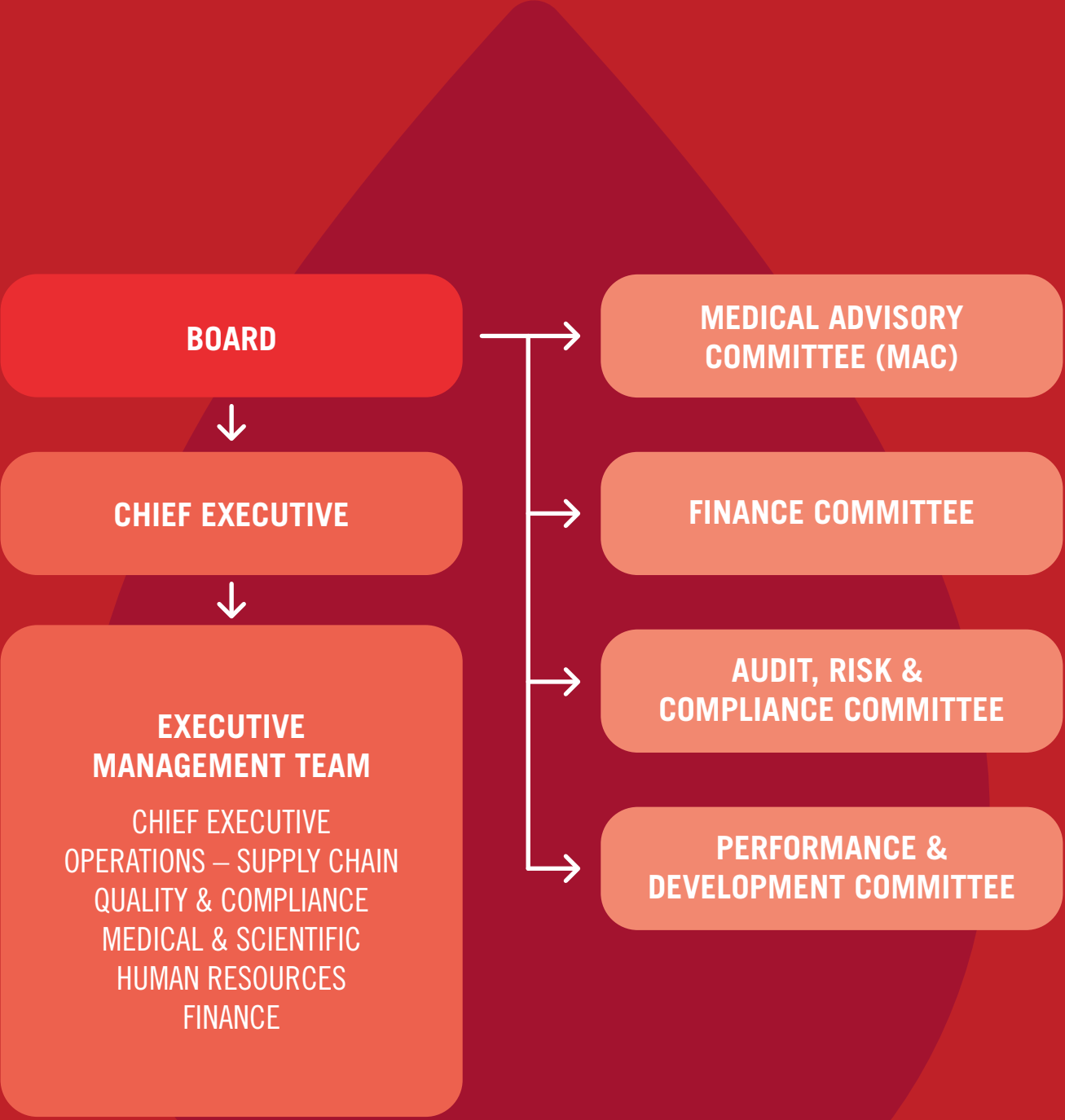
The organisation of work is carried out through a number of functions organised on a national basis, i.e. Operations, Medical, Quality and Compliance, Human Resources and Finance. The primary decision making body is the Executive Management Team, which has a devolved budgetary system. The chart showing the current Executive Management Team is attached. The headquarters is located in Dublin with the testing and processing centre. There are collection teams in Dublin, one in Cork, Carlow, Limerick, Ardee and Tuam with fixed donation clinics in Dublin (2) and one in Cork.

## Business Environment

The IBTS operates within a highly regulated environment. The conditions applying are similar to those that operate in the pharmaceutical industry. A safe transfusion service is assured by close collaboration between the IBTS and clinicians in managing the aspects of the transfusion process for which they are responsible. Only blood, which has been donated by appropriately selected donors and has been tested for transfusion transmissible infectious agents, can be issued for transfusion.

The inherent and inevitable problem is that blood transfusion is highly prone to attack from viruses and other infectious forms by its very nature. Potentially the greatest threat to the provision of a safe blood supply is the emergence of a new virus or an infectious disease

where the scientific / epidemiological origins are not very clear and for which no test has been developed. By definition once it is known that a virus/infectious disease is transmissible it has already caused harm or even fatalities. This threat will never go away, and a formal scientific approach is needed to deal with that reality rather than simply reacting to each threat as it becomes known. There are certain measures that can be implemented to limit the exposure should transmissibility be proven. The IBTS adopted this policy in the manner it has dealt particularly with the threat from vCJD and bacterial contamination in platelets. This will continue to be our approach despite the challenging economic environment.





## Our Purpose

The core purpose of the IBTS is to meet the transfusion needs of patients in Ireland.

## Our Mission

The IBTS is committed to excellence in meeting patients' needs through the professionalism of our staff and the generosity of our donors.

## Our Vision

Our service delivers excellent, safe, secure and reliable blood transfusion services, and human tissue services, to the people of Ireland.



## We want

### Patients

to know that the blood they will receive will be as safe as possible

### Donors

to feel appreciated, respected, and satisfied with their experience

### The healthcare community

to recognise that the products and services that we provide meet the best international standards, essential for them to deliver their goals, and good value for the resources deployed.





## Achieving our vision means

### Better outcome for patients

Patients will know that the IBTS puts the highest priority on safety and efficacy of the products provided for transfusion

### Improved recruitment and retention of donors

Donors will have a satisfying and rewarding experience when donating which will improve donor loyalty

### Improved clinical services to healthcare staff

Healthcare staff will experience clinical services that enables them to provide the best possible transfusion service to their patients



## Our Values

- Excellence in Service
- Honesty
- Respect
- Learning
- Accountability
- Teamwork





**“The IBTS has undergone significant change over the past decade in all aspects of its business. There has been increased sophistication in the technologies used, changes to specification to products brought about by responding to emerging infections and a change in the how we carry out our business.”**



# Context for the Strategic Plan 2017 – 2020

The IBTS has undergone significant change over the past decade in all aspects of its business. There has been increased sophistication in the technologies used, changes to specification to products brought about by responding to emerging infections and a change in the how we carry out our business.

The environment in which the IBTS operates is ever changing and for the IBTS to remain at “State of the Art” with constrained resources will require a new way of doing business and a more effective and efficient organisation that is flexible, agile and has the capacity to respond to the many challenges we will face in the period 2017 – 2020. This must be achieved within a framework of delivering better value for money in an ever changing economic environment.

We must build on the progress made from the implementation of the Strategic Plan 2013 – 2016 and respond to the changing demands of hospitals, regulators, donors and members of the public who expect the highest standard of products and service delivery.

The IBTS has come to the end of the term of its current strategic plan and to develop a new Strategic Plan it is essential that the environment in which the IBTS operates is analysed to inform the new Strategic Plan. This has been carried out using the PESTEL model and the salient points are outlined below.

## PESTEL Analysis

### Political factors

Managing and growing relationships with the Department of Health and the HSE is a priority for the IBTS. The IBTS is accountable to the Minister for Health, while the HSE is our main customer. Change in the organisation of the delivery of healthcare is likely during the lifetime of this Strategic Plan and this could have a significant impact on how the IBTS delivers its services. The recently completed *Houses of the Oireachtas Committee on the Future of Healthcare Sláintecare Report* envisages consensus across the political spectrum on a long-term policy direction for Ireland’s healthcare system. Such an approach should provide a degree of stability that would assist both the IBTS and the HSE in delivering transfusion services that best meet the needs of patients.

Introducing further operational and service efficiencies over the duration of this Strategic Plan will be achieved against a background of a changing national industrial relations environment and recruitment constraints. A challenging industrial environment may impact on the ability to deliver further change in a timely manner.



## Economic factors

The spending in healthcare has improved and this is likely to continue. However, this does not mean that there will be additional resources for the IBTS or that there will be any significant increase in the usage of our products. There is the impact on the Irish economy of BREXIT which at this point is very unclear. In addition, there is the policies of the new American administration which could also impact on the Irish economy particularly on foreign direct investment and employment. All of these issues have the potential to impact negatively on the IBTS.

There has been a decrease of approx. 14% in blood usage and 10% in platelets over the past ten years. This does not show any signs of abating and impacts directly on the income of the IBTS. In 2017 the IBTS implemented activity based pricing and this will be the basis of our funding model for the immediate future.

The reduction in usage and by extension income will require the IBTS to continue to reduce our cost base and provide better value for money. However, this must not compromise the quality of our products and services which we deliver to patients and donors.

## Sociological factors

The 2011 census shows that the population of Ireland had increased by 122,028, that is 2.6% over a 5 year

period. The population estimate in July 2011 was 4.72 million people. The number of persons aged 65 and over has increased at every census since 1961 from 315,000 in that year to 541,404 in 2011. This category now represents 11.6% of the population. The change in this age cohort is not expected to result in an increase in demand for blood over the lifetime of this Plan.

In 2011 there were 766,770 non-Irish nationals living in Ireland from 188 different countries. While this number has diminished with the recession it remains an important consideration in delivering services in the future. An example of this is the growing number of patients with sickle cell disease.

There was a Census in 2016 but only high level results are available currently. There has been an increase in the overall population and while the birth rate remains strong the population is still aging which will have an impact on healthcare delivery over the next four years. We will revise this element of the PESTEL when the full census report comes to hand.

## Technological factors

Technological advances in blood banking over the past decade have contributed to enhanced safety for patients. The IBTS, as an early adopter of new technologies has been to the forefront of many of these developments. This brings its own challenges. To ensure that we have the capacity to properly evaluate these technologies we need



to establish an independent oversight group to provide the appropriate advice on the correct course of action.

Continuing to deliver blood as safe as it can be, remains our imperative and new and innovative ways of benefiting from developments in technology that do not absorb significant resources, through partnerships and alliances with other blood banking establishments, will help to achieve this. The greatest challenge will be for the IBTS to remain current in technological advances, while dealing with financial constraints.

## Environmental

There is an increased emphasis on the Green agenda and this has and will continue to impact on the IBTS. The manner in which we dispose of clinical waste will continue to evolve. In addition, the IBTS needs to review its carbon footprint specifically at the National Blood Centre (NBC) and take appropriate measures to reduce it. The proposed development of a new Centre in Cork must be constructed in the most environmentally friendly way possible. Health and Safety regulations are continuing to grow in their reach and will require constant management and monitoring.

## Legal

The regulatory environment for blood and tissue continues to get more demanding with the standards required to be met increasing. There are significant

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changes coming in the tissue area and the EU Blood Directive is under review and changes will come about during the period of this Plan. Changes to employment law will continue to impact on how IBTS manages its staff. There are constant changes emanating from Europe which necessitate changes to our policies and procedures. The question of governance of the National Haemovigilance Office (NHO) needs to be resolved so that there are appropriate governance arrangements in place in this area.



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# Strategic Direction

In developing the Strategic Plan for 2017 to 2020 the IBTS has again used the Balanced Scorecard method and this has proven to be a very valuable experience. We have consulted widely across the organisation to try and capture views from as broad a spectrum as possible. This has been a very worthwhile exercise and provided very valuable input to the development of this Strategic Plan. Therefore, we have developed a Strategy Map which is based on the four central pillars of the Balanced Scorecard methodology. These pillars are Shareholder/ Government, Clients/Partners, Internal Process and Learning and Growth.

From this we have developed five themes which are as follows:

- Excellence in Donor Services
- Safe and Sustainable Supply
- Excellence in Services to Hospitals
- Effective Relationships and Collaborations
- Build a High Performance Organisation

## 1. Excellence in Donor Services

We will continue to review and adapt our supply chain through better use of our donor base and forecasting at blood group level; we will provide donation opportunities for donors that are efficient and cost effective and we will have an appropriate programme which will manage donor wellness. We will have to develop new models of collection to suit the changing lifestyles of our donors. This is required especially in Dublin and other major urban centres.

## 2. Safe and Sustainable Supply

A safe and sustainable supply begins with an understanding of local and international epidemiology which allows the IBTS to prepare for emerging trends in existing viruses and to monitor emerging threats. In addition we must track developments in new testing and processing technologies and analyse these so that an informed decision can be taken on whether to implement or not. We will continue to ensure that all of our products are produced to the highest standards of quality and efficacy.

### 3. Excellence in Services to Hospitals

Ensuring that the correct unit of red cells and/or platelets is available for a patient when he/she needs it is the primary function of Hospital Services. The available blood supply must be transparent between the IBTS and the hospitals so that the donor's gift is maximised. This will require a new initiative due to the delay in implementing the MedLis across the HSE. The provision of specific patients' services and expert advice will also fall within the remit of this theme.

### 4. Effective Relationships and Collaborations

The IBTS can be isolated because it stands outside the core structures of the health service. Therefore, there is a greater need for the IBTS to build effective relationships with key stakeholders. This includes the Department of Health, the hospital group leadership teams across the health service, clinicians and academic institutions. How the IBTS conducts research activity will come up for review during the lifetime of this Plan and we will have to maximise the value from this money. There is also a need to continue to work with our International colleagues and relevant Committees to ensure that we get the International perspective. We must also work closely with our suppliers and maximise value for money and to reduce risks.

### 5. Build a High Performance Organisation

This is about building a high performance organisation so that the IBTS has the capacity to deliver on its mission and meet the transfusion needs of patients in Ireland. This will involve having staff with the appropriate skills and expertise across the organisation. We must continue to build a culture of trust, performance and teamwork. This can only be achieved by improving the people management skills of our managers and by implementing the Learning and Development Strategy. We must also learn from the results of the staff survey and implement an action plan to address the issues of communication, trust, transparency and appropriate staff management practices. Part of this will be the re-introduction of the Performance and Development System in 2017.

We must also ensure that our information systems not only streamline our processes but provide timely information for decision making. We must look to outsource aspects of our IT services so that we can use the internal resources on the more value added activities. At the end of this Plan we will see a very changed IT function and one which will be very focused on delivering change through technology.



## Balanced scorecard

### Translating Strategy into Action


The objectives set out under Shareholder/Government and Customer have measures and key outcomes associated with each one. These are then developed further into a series of actions.

In the case of the five themes, these are implemented through Internal Process proposals and are subdivided into

- Measures
- Key Actions
- and Strategic Initiatives.

Each of these has an owner whose responsibility it is to deliver on the action to achieve the measures identified.

The Strategy Map reflects the Strategic Priorities for the IBTS in the period 2017 – 2020.



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